



Campaign Finance Report

AZ HOSPITAL AND HEALTHCARE ASSN PAC
Committee #: 1260

Treasurer: LANGE, LAURIE
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Amended 2004 Post-General Election Report

Election Cycle: **2003-2004**
Date Filed: November 24, 2004
Reporting Period: October 14, 2004-November 22, 2004

Summary of Finances

| | |
|---|-------------|
| Cash Balance at Beginning of Reporting Period: | \$10,510.23 |
| Total Cash Receipts this Reporting Period: | \$300.00 |
| Total Cash Disbursements this Reporting Period: | \$6,704.23 |
| Cash Balance at End of Reporting Period: | \$4,106.00 |

Report ID: 51029

Summary of Activity

| Income | Schedule | This Period | | | Total to Date |
|--|----------|-------------|--------|----------|---------------|
| | | Cash | Other | Total | |
| Personal and Family Contributions | C1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Individual Contributions | C2 | \$300.00 | \$0.00 | \$300.00 | \$20,851.50 |
| Contributions from Political Committees | C3 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Business Contributions | C4 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Small Contributions | C5 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| CCEC Funding and Matching | C6 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Qualifying Contributions | C7 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Loans Made to this Committee | L1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Other Receipts, including Interest and Dividends | R1 | \$0.00 | \$0.00 | \$0.00 | \$4,480.00 |
| Transfers from Other Committees | T1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Cash Surplus from Previous Committee | S1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total Income | | \$300.00 | \$0.00 | \$300.00 | \$25,331.50 |

| Expenditures | Schedule | This Period | | | Total to Date |
|---|----------|-------------|--------|------------|---------------|
| | | Cash | Other | Total | |
| Operating Expenses | E1 | \$104.23 | \$0.00 | \$104.23 | \$11,252.41 |
| Independent Expenditures | E2 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Contributions to Other Committees | E3 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Other Expenses | E4 | \$6,600.00 | \$0.00 | \$6,600.00 | \$24,829.22 |
| Transfers to Other Committees | T1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Loans Made by This Committee | L2 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Expenditure of In-Kind Contributions | C8 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Disposal of Surplus Cash | S1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total Expenditures | | \$6,704.23 | \$0.00 | \$6,704.23 | \$36,081.63 |
| Bill Payments for Previous Expenditures | D1 | \$0.00 | | \$0.00 | \$0.00 |
| Total Cash Disbursed | | \$6,704.23 | | | |

Schedule C2 - Individual contributions

| | | Date | Amount | Cycle To Date |
|---------------------------------------|--|------------|----------|---------------|
| Name: | BURKE, JAMES | 10/19/2004 | \$75.00 | \$75.00 |
| Address: | 8221 N 73rd Pl, Scottsdale, AZ 85258 | | Cash | |
| Occupation: | CMO, SCOTTSDALE HEALTHCARE | | | |
| Name: | GREER, RHONDA | 10/19/2004 | \$25.00 | \$25.00 |
| Address: | 201 Lee St, Winslow, AZ 86047 | | Cash | |
| Occupation: | WINSLOW MEMORIAL HOSPITAL | | | |
| Name: | HAMBLIN, JEFF | 10/19/2004 | \$50.00 | \$50.00 |
| Address: | 6123 E Camden Rd, Flagstaff, AZ 86004 | | Cash | |
| Occupation: | CEO, WINSLOW MEMORIAL HOSPITAL | | | |
| Name: | MARTIN, WOODROW | 10/19/2004 | \$75.00 | \$75.00 |
| Address: | 10691 S Del Golfo, Yuma, AZ 85367 | | Cash | |
| Occupation: | YUMA REGIONAL MEDICAL CENTER | | | |
| Name: | REFFNER, REGINA | 10/19/2004 | \$25.00 | \$25.00 |
| Address: | 2900 Sagebrush Dr, Winslow, AZ 86047 | | Cash | |
| Occupation: | WINSLOW MEMORIAL HOSPITAL | | | |
| Name: | SPENCER, CONRAD | 10/19/2004 | \$50.00 | \$150.00 |
| Address: | 3514 Sunrise St, Winslow, AZ 86047 | | Cash | |
| Occupation: | BOARD VICE-CHAIRMAN, WINSLOW MEMORIAL HOSPITAL | | | |
| Total of Individual Contributions | | | \$300.00 | |
| Total of Refunds Given | | | \$0.00 | |
| Net Total of Individual Contributions | | | \$300.00 | |
| | | | | |

Schedule E1 - Operating expenses

| | | Date | Amount | Cycle To Date |
|---|---------------------------------------|------------|----------|---------------|
| Name: | WELLS FARGO BANK | 10/14/2004 | \$32.43 | \$424.41 |
| Address: | PO BOX 63020, SAN FRANCISCO, CA 94163 | | Cash | |
| Memo: | Bank Card Fee | | | |
| Name: | WELLS FARGO BANK | 10/14/2004 | \$11.83 | \$424.41 |
| Address: | PO BOX 63020, SAN FRANCISCO, CA 94163 | | Cash | |
| Memo: | Client Analysis Service Charge | | | |
| Name: | WELLS FARGO BANK | 11/16/2004 | \$51.44 | \$424.41 |
| Address: | PO BOX 63020, SAN FRANCISCO, CA 94163 | | Cash | |
| Memo: | Bank Card Fee | | | |
| Name: | WELLS FARGO BANK | 11/16/2004 | \$8.53 | \$424.41 |
| Address: | PO BOX 63020, SAN FRANCISCO, CA 94163 | | Cash | |
| Memo: | Client Analysis Service Charge | | | |
| Total of Operating Expenses | | | \$104.23 | |
| Total of Refunds, Rebates, and Credits Received | | | \$0.00 | |
| Net Total of Operating Expenses | | | \$104.23 | |
| | | | | |

Schedule E4 - Other expenses

| | | Date | Amount | Cycle To Date |
|---|---|------------|------------|---------------|
| Name: | HEALTHCARE PROFESSIONALS FOR QUALITY HEALTHCARE | 10/27/2004 | \$6,600.00 | \$22,869.22 |
| Address: | 2901 N Central Ave, Ste 900, Phoenix, AZ 85012 | | Cash | |
| Memo: | Independent Expenditure Campaign | | | |
| Total of Other Expenses | | | \$6,600.00 | |
| Total of Refunds, Rebates, and Credits Received | | | \$0.00 | |
| Net Total of Other Expenses | | | \$6,600.00 | |
| | | | | |

